

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039100

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 93

FILED OCT 3 1 1962

## 1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **LAKE LOTAWANNA**

Length of stay in 1b  
**1 Hour**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Lake Lotawanna**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Lees Summit**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**Lake Lotawanna**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**ROBERT NEWTON KIVETT**

4. DATE OF DEATH  
Month Day Year  
**Oct. 7, 1962**

5. SEX  
**MALE**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**1-15-08**

9. AGE (last birthday)  
**54**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**GRAIN Broker**

10b. KIND OF BUSINESS OR INDUSTRY  
**Herring Grain Co.**

11. BIRTHPLACE (City and state or country)  
**St. Joseph, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Harley Kivett**

13b. MOTHER'S MAIDEN NAME

**Sarah Booth**

14. NAME OF HUSBAND OR WIFE

**Alice Kivett**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**[REDACTED]**

17. INFORMANT Address  
**Mrs. Chas. Thomas, 2605 N. 32 St. St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **DEATH BY DROWNING**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**Fell out of a boat into Lake Lotawanna**

20c. TIME OF INJURY  
Hour a.m. p.m. **1-7-62**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Lake**

20f. CITY, TOWN, OR LOCATION  
**Jackson Co.**

COUNTY STATE  
**Missouri**

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**Hugh H. Owens Coroner**

22b. ADDRESS  
**152 Union Station, K.C., Mo.**

22c. DATE SIGNED  
**10-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**REMOVAL**

23b. DATE  
**10-13-1962**

23c. NAME OF CEMETERY OR CREMATORY  
**St. Joseph**

23d. LOCATION (City, town, or county) (State)  
**St. Joseph, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**GEO. C. CARSON & SONS, Indep., Mo.**

25. DATE RECD. BY LOCAL REG.

**10-13-1962**

26. REGISTRAR'S SIGNATURE

**N. B. Langsford**

OCT 31 1962

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by not embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. James Decker

Licensed Embalmer No. 4699

P. O. Address Indy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.